

HF Trust Limited

HF Trust - Chy Keres

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Chy Keres on 9 June 2018. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at the service to speak with us. The previous comprehensive inspection took place in March 2016 when we identified a breach of the regulations. We then carried out a focused inspection in July 2017 and found the service was meeting the requirements of the regulations. The service was rated Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Chy Keres is a respite service that provides care and support for up to six people who have a learning disability or autistic spectrum disorder. The number of people using the service fluctuates on a daily basis. There were six people using the service at the time of the inspection visit. The service is provided by HF Trust (Hft), a national charity with services throughout England.

Not everyone using Chy Keres receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection everyone staying at the service was receiving personal care.

Chy Keres has six en-suite bedrooms, two lounges, a sensory room and two kitchen/dining areas. All rooms are on the ground floor. One bedroom has a track hoist for people with more profound physical disabilities. Corridors and doorways are wide enough to accommodate access by people using wheelchairs. Private and enclosed garden areas surround the property.

The service requires a registered manager and there was one in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were skilled in supporting people safely and according to their needs and preferences. They had received training to enable them to deliver care and support according to people's needs. They told us they were well supported and able to approach the registered manager or senior support worker for guidance at any time. Several staff had not had a formal supervision meeting for some time. We have made a recommendation about this in the report.

People were comfortable and happy when visiting the service. They had formed positive relationships with staff and other people. During the week people usually attended their normal day centre. In the evenings and at weekends there were opportunities for people to take part in activities both inside and outside of the

service.

Some people had restrictive practices in place in order to keep them safe. Applications to authorise these restrictions had been made in line with the legal requirements. There were no records to show whether families had the legal authority to consent on behalf of people who lacked capacity to make specific decisions. This meant staff may not have been clear who was able to lawfully make decisions on people's behalf. We have made a recommendation about this in the report.

The premises were purpose built and suited people's diverse needs. People were able to choose to spend time socialising with their peers or staff as they preferred. Quieter areas were available for those people who disliked busy environments. Menus were planned in advance and were varied. Staff were aware of people's preferences and any dietary requirements they might have.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

HF Trust - Chy Keres

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 June 2018 and was announced two days beforehand to make sure staff were available to speak with us. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who were using the respite service at Chy Keres. Other people were unable to communicate verbally with us, so we spent time in shared areas, observing how people interacted with staff and how they were cared for and supported. Following the inspection visit we spoke with a relative.

We spoke with the registered manager and five members of staff including an agency worker. We looked at three records relating to the care of people, a staff recruitment file for a new member of staff, staff duty rosters, staff training records and other records relating to the running of the service.

Is the service safe?

Our findings

The service remained safe.

People told us they felt safe when they were staying at Chy Keres. Staff understood what was important to people to help them feel safe and secure. For example, the registered manager told us they always tried to let people use the same room when they stayed at the service and, in some cases, this was hugely important for their well-being. They commented; "[Person's name] would struggle if they didn't have this room." A relative commented; "When you're a full time carer and the person you care for goes off on a break, it's really not a break for us if we're worrying about them all the time. And I haven't been worried at all."

People were protected against the risks of potential abuse by staff who regularly updated their safeguarding knowledge and were confident raising concerns about people's safety. Safeguarding issues were discussed during supervision and team meetings. One member of staff commented; "If I saw something was clearly wrong I would report it."

People were supported by suitable staff who had been recruited safely. There were sufficient numbers of staff on duty to keep people safe and meet their needs. There was a stable staff team in place and many of the staff had been working at the service for a number of years and knew people well. The majority of people accessing respite at Chy Keres visited on a regular basis throughout the year. Agency staff were sometimes used but these were usually staff who were familiar with the service. New agency staff were required to complete a brief induction to enable them to familiarise themselves with the building, policies and procedures and people's care plans.

Risk assessments were in place which covered risks to people within the service and when they were accessing the community. There was guidance for staff on how to support people safely to minimise any identified risk. Some people using the service could become anxious at times leading them to behave in a way which could put themselves or others at risk. Staff told us they were confident supporting people at these times and were able to keep everyone safe.

Medicines were managed safely at Chy Keres. All medicines were stored appropriately and records of medicines administered were kept. Medicines were signed into the service by two members of staff at the beginning of a respite stay and signed out again when the person left. This helped minimise the risk of errors being made when counting medicines. Families and carers completed a form when any changes to medicines were made. This helped ensure the service was always aware of people's needs in respect of medicines. Where people required rescue medicines (medicine which the person needed with them when out of the service in case of an emergency situation) there was a system to record this. Any errors in administering medicines were investigated and the staff responsible were required to complete refresher training and competency assessments.

There was a safe system in place to support people to manage monies brought into the service when they had respite stays. Arrangements were in place for people to keep their money securely in the service.

Records of when staff supported people to make purchases were kept and regularly audited. People were able to keep money and other personal belongings in their rooms if they wished. If people wanted to lock their rooms they were provided with a key although most people chose not to.

Incidents were recorded and analysed to identify any patterns or trends. When things went wrong the registered manager, or senior management, carried out investigations to help ensure lessons were learned and action taken to minimise the risks of untoward events re-occurring.

The environment was clean and well maintained. During the week people were usually out throughout the day. Staff used this time to complete cleaning tasks. Any potentially harmful cleaning products were stored securely. There was an alarm system to enable staff to call for assistance if required.

The boiler, electrics and water supply had been tested to ensure they were safe to use. There were records that showed manual handling equipment had been serviced. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills taking place. Personal Emergency Evacuation Plans (PEEPs) had been developed for each person. These guided staff and first responders on the support people would need to evacuate the building in an emergency.

Is the service effective?

Our findings

The service continued to provide effective care.

People's needs were assessed holistically to help ensure their needs were met in a way that suited them as an individual. Support provided as a result of these assessments was based on current best practice and was focused on achieving positive outcomes for people and promoting a good quality of life.

Information in care plans included details of what was important to people as well as information about their health needs. Staff knew what people found difficult and how to support them to have a good experience when using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Applications for DoLS authorisations had been made, either by the registered manager or by social workers when referring people to the service. There were no authorisations in place at the time of the inspection.

Some people had restrictions in place to keep them safe. For example, one person had a monitor in their room when they were asleep so staff would be alerted if the person became unwell. This had been agreed with the person's family and appropriate medical professionals. There were no records to show whether families had the legal authority to consent on behalf of people who lacked capacity to make specific decisions. This meant staff may not have been clear who was able to lawfully make decisions on people's behalf.

We recommend that the service seek advice and guidance about identifying and recording when there are legal arrangements in place which may be relevant when making decisions on behalf of people who lack capacity.

People's needs were met by staff who had the knowledge, skills, and understanding needed to carry out their roles effectively. Staff were supported by a robust system of induction and training. Training was organised centrally from the area office. Staff were reminded when updates were due and information regarding any changes in recognised good practice shared with the team during meetings. A member of staff described the training provided as; "Really, really good."

Staff supervisions were planned to take place six times a year. Approximately one third of the staff team had not had a supervision since late January or early February 2018. Staff told us they felt well supported and were able to approach the registered manager or senior support worker with any queries or worries they might have. However, it is important staff are provided with face to face supervision meetings to enable them to raise any concerns in a formal setting.

We recommend staff are provided with regular formal supervisions.

People and staff were protected from discrimination. If staff required additional support to complete training this was available. For example, HF Trust had developed a pack with various tools for employees with dyslexia to use.

Staff were alert to any change in people's health needs and called for medical advice when necessary. Multi-disciplinary meetings were held to help ensure all aspects of people's needs were taken into consideration when planning people's support needs.

People had a choice of meals, snacks and drinks. People's food preferences and any dietary requirements were recorded in care plans and well known by staff. One person told us what hot drinks they liked. We checked their care plan and saw this was recorded correctly. Staff encouraged people to eat together and make mealtimes a social occasion. Some people preferred to eat alone and there were facilities to allow this. There was plenty of fresh and frozen food available so people could choose different meals to those on the menu if they preferred.

The building was purpose built and there was plenty of room for people who used wheelchairs to manoeuvre through the building. Doorways were wide and access to the gardens was level. All bedrooms were en-suite with either showers, wet rooms or a specialised bath. One bedroom had an overhead tracking hoist running between the bedroom and bathroom. The person using this room at the time of the inspection told us they enjoyed having a bath and this was very important to them. There was a well-equipped sensory room where people were able to spend time relaxing if they wished to. The gardens were well maintained and there were plans in place for a sensory garden to be developed. A canopy had been erected over an area where smooth pebbles were placed. The registered manager told us one person liked spending time there in all weathers handling the pebbles. The canopy had been put in place to offer protection from the sun and rain.

Is the service caring?

Our findings

The service remained caring.

We spent time in shared areas of the premises observing interactions between staff and people who used the respite service. Staff were respectful and spoke with people considerately, frequently checking they were comfortable and happy. People were very positive about the care they received. We asked one person how they would rate the service, they told us; "I think I would give it a 'good'." A relative told us; "[Person's name] was really excited about going back."

We met with one person who was receiving care and support from the service for only the second time. They told us they had been a little nervous on their first visit but staff had put them at ease. They said; "It's a nice atmosphere and I've made friends already."

Staff knew people well and what was important to them. For example, one care plan stated; "I love to have a blanket to snuggle into." The registered manager told us they tried as much as possible to arrange visits to Chy Keres so people were spending time with people they liked or were compatible with. They told us; "It can be difficult but, for instance, [person's name] doesn't like loud noise but that's how [person's name] communicates. I'm starting to think about making sure they don't visit at the same time."

People were able to make day to day decisions about how they spent their time and where. There were two kitchen/dining areas and one was used more frequently. The other was quieter and tended to be used more for practical cooking sessions. Some people chose to eat here as they preferred a quieter environment.

Pictures and photographs were used to help people make meaningful choices and to provide information. For example, picture menu boards were used and basic signs were displayed to help staff communicate with people this way. Some people used sequence strips to remind or inform them of what was happening during the day. These were kept with their care plan and were individualised for each person. Information in care plans indicated how people who didn't use words or communication tools could express their wishes and choices. For example; "By taking your hand and showing you something."

Care plans contained information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. One page profiles had been created to give staff a quick overview of people's support needs. These contained positive information about people and recorded what was important to them. They gave staff who might be unfamiliar with people, a quick but comprehensive description of people's personalities and needs in relation to their health and emotional well-being.

The routines within the service were flexible and arranged around people's individual and collective needs. The inspection took place on a weekend and one person was having a lie in. The registered manager told us this was something they valued. They had a room away from the busier areas of the service.

Is the service responsive?

Our findings

The service remained responsive.

Care plans were developed for each person using the respite service. These were initially based on the assessments provided by the local authority and any information provided by families and carers. The care plans provided staff with up to date information about people's needs and how to support them effectively. Care plans were developed on a computer system used across HF Trust. Paper copies were in place to enable staff to access them quickly and cross reference them with information from other sources. The care plans were reviewed every three months or in response to any identified changes. Families were asked to contribute where appropriate. This meant they were kept up to date and relevant.

Some people had specific health care needs and there was clear guidance and information for staff on how to support these people. For example, we saw guidelines on how to help people manage their epilepsy. When people needed additional monitoring to help ensure staff were alerted to any change in their health monitoring charts had been put in place. These were completed consistently.

Care plans recorded what level of support people required to access information. For instance, if they needed any communication aids or used glasses or hearing aids. This demonstrated they were working in line with the principles underpinning the Accessible Information Standards.

Technology was used to support the delivery of care. For example, there was an alarm system installed at the service which enabled staff to summon additional support if they needed it.

There were systems in place to make sure staff were up to date with people's needs. This was important as, due to staffs working patterns and the nature of the service, staff might not work with people for some time. Staff told us they always checked care plans and daily logs when starting a shift. There was also a verbal handover between staff at the start of each shift. Daily logs were completed during the day and recorded what activities people had taken part in and information about their mood and well-being. A general communication book and diary was used to record appointments and any non-confidential information that needed to be shared between the staff team.

People had opportunities to take part in activities which were meaningful to them and reflected their individual interests. There was good access to community activities including swimming, walking and shopping. Within the service there were board games, a karaoke machine and books and magazines available to people. One small lounge area contained a pool table and a games console. The registered manager told us this was very popular among the younger guests. A poly tunnel had been erected in the garden. One person told us they had worked in the poly tunnel the previous day and had enjoyed it. They used a wheelchair and told us the benches were at a suitable height and had room underneath them for the wheelchair. This demonstrated everyone had equal access to using this facility. On the day of the inspection people went out for a pub lunch which they told us they were looking forward to. Other people went on walks in the local area.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. The complaints log showed any complaints were dealt with within a reasonable time frame. Where appropriate, complaints were raised to the area manager deal with. A relative commented; "Staff speak to [person's name] like an adult and listen to any concerns, even the minor details that are worrying them."

Is the service well-led?

Our findings

The service continued to be well-led.

A registered manager was in post who had overall responsibility for the service and knew people and staff well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager took an active role within the running of the service and had good knowledge of the day to day issues facing it. They told us; "I like to get out on the floor."

The registered manager was supported by a senior support worker and they both had clearly defined roles and responsibilities. Staff told us they were well supported by the management team and could approach them at any time for guidance or advice. The service was supported by an area manager and the senior management team at HF Trust. The registered manager told us; "[Area manager's name] is a very good boss, any questions and he gets back to you straight away."

The service was well established and many people had been using it for respite for several years. The registered manager told us they were running at between 80% and 90% occupancy rate and were usually full at weekends. Approximately six new referrals had been received during 2018. Many of the staff team had also worked at the service for many years and they understood how it operated and knew people well.

An effective quality assurance system helped ensure the service continued to improve by identifying any gaps in practice. Staff, the registered manager and the provider were all involved in monitoring the quality of the service. When gaps in service delivery were identified action plans were developed to drive service improvement.

The registered manager had built relationships with the local community. For example, they had secured additional funding from a local supermarket and building society to put towards equipment and developing areas of the service. Fundraising events were organised in the local community. For example, staff had organised a charity ball and 'wine and wisdom' night.

There was a positive atmosphere within the service and staff and people interacted with each other in an open and friendly manner. An agency worker told us; "Staff are eager to help. It's a nice place to work, shame they don't have more shifts!" Staff told us they enjoyed their jobs. Comments included; "You get to work with such a variety of people, every day is different" and "We're learning all the time. And always talking about how we can improve the way we support people, especially when they're going through difficult times."

Staff meetings were regularly held and these were an opportunity for staff to raise any ideas, concerns or queries regarding how the service was operated. Staff told us the meetings provided them with an opportunity to voice suggestions. They told us day to day communication between the staff team and

management was good and any issues were addressed as necessary. The registered manager attended monthly manager meetings. They told us these were a good opportunity to share ideas and examples of good practice.

Relatives were consulted regularly, both formally and informally. HF Trust circulated annual surveys to families to gather their views of the service. Most people had diaries where staff recorded what people had done during their stay, what they had eaten and how they had been both emotionally and physically. People took these diaries home with them for their families to read. There were no formal systems in place to gather the views of people using the service. The registered manager told us this had recently been identified by the area manages as an area for improvement. They were considering how they could implement a system which was meaningful for people and would accurately capture their views.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The ratings from the last inspection were clearly displayed in the service.